



Under the Paperwork Reduction Act of 1995 no Persons are required to respond to a collection of information unless it contains a valid OMR control number.

Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

**Complete if Known**

|                        |                 |
|------------------------|-----------------|
| Application Number     | 10/589,417      |
| Filing Date            | 7 November 2006 |
| First Named Inventor   | MAIL et al.     |
| Art Unit               | 2442            |
| Examiner Name          | Michael W. Chao |
| Attorney Docket Number | 7251/94662      |

Sheet

1

of

1

**NON PATENT LITERATURE DOCUMENTS**

| Examiner Initials* | Cite No. <sup>1</sup> | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T <sup>2</sup> |
|--------------------|-----------------------|---|----------------|
|                    | A                     | 23 NOV 2009 Office Communication in connection with AU 2005 222680.   |                |
|                    |                       |   |                |
|                    |                       |   |                |
|                    |                       |   |                |
|                    |                       |   |                |
|                    |                       |   |                |
|                    |                       |   |                |
|                    |                       |   |                |
|                    |                       |   |                |
|                    |                       |   |                |

Examiner  
SignatureDate  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

